

Docket No.: 58635US002

**32692**

Customer Number

**Request for Continued Examination (RCE) Transmittal**

Mail Stop RCE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

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**MAR 30 2005**

First Named Inventor: Jones, Edward L.

Application No.: 10/615663

Filed: July 9, 2003

Group Art Unit: 2873

Examiner: Stultz, Jessica T.

Title: **Lens Having at Least One Lens Centration Mark and Methods of Making and Using Same**  
 This is a Request for Continued Examination (RCE) under 37 CFR § 1.114 of the above-identified application.

**1. Submission required under 37 CFR § 1.114**

- a. ☒ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 CFR § 1.116 previously filed on  
 (Any unentered amendment(s) referred to above will be entered)
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on
- iii. ☒ Other Information Disclosure Statement (IDS)/Supplemental IDS submitted 2/10/05
- b. ☐ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)/Supplemental IDS
- iv. ☐ Other

**2. ☐ A Request for Extension of Time is being filed concurrently****3. Fees (The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.)**

- a. ☒ The Director is hereby authorized to charge the following fees or credit any overpayments to:  
 Deposit Account No. 13-3723. A duplicate copy of this letter for fees processing is enclosed.
- i. ☒ RCE fee required under 37 CFR § 1.17(e)
- ii. ☐ Other

Respectfully submitted,

*March 30, 2005*By: *[Signature]*

J. R. Trulla, Reg. No.: 52,131  
 Telephone No.: (651) 733-6750

04/07/2005, RGRADE Date: 00000001 133723 10615663

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Office of Intellectual Property Counsel  
 3M Innovative Properties Company  
 Facsimile No.: (651) 736-3833

**Certificate of Mailing or Transmission**

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Sent to Facsimile No.:  
 703-872-9306

Date: **MAR 30 2005**

Signature:

*Gwen J. Ziehl*

Printed Name:

**GWEN J. ZIEHL***Copy*

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10/615663

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	25	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	25 minus 20 =	5
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	17	25	-
Independent	2	4	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	750.00
X\$18=	90
X84=	84
+280=	
TOTAL	924

SMALL ENTITY

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

PCE  
3-3085

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	17	25	-
Independent	2	4	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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